

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Helle

2. Surname (Last Name)
Holst

3. Date
08-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Manglende evidens bag kvalmeforebyggende behandling af børn i kemoterapi

6. Manuscript Identifying Number (if you know it)
UFL-07-17-0534

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication.**

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Holst has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Astrid

2. Surname (Last Name)

Eliassen

3. Date

08-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helle Holst

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Callesen

3. Date

01-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Astrid Eliassen

5. Manuscript Title

Manglende evidens bag kvalmeforebyggende behandling af børn i kemoterapi

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Dr. Callesen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
KIM

2. Surname (Last Name)
DALHOFF

3. Date
09-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Helle Holst

5. Manuscript Title

Manglende evidens bag kvalme forebyggende behandling af børn i kemoterapi

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Dr. DALHOFF has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Catherine

2. Surname (Last Name)
Rechnitzer

3. Date
11-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Helle Holst

5. Manuscript Title

Manglende evidens bag kvalmeforebyggende behandling af børn i kemoterapi

6. Manuscript Identifying Number (if you know it)

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Dr. Rechnitzer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kjeld
2. Surname (Last Name)
Schmiegelow
3. Date
06-November-2017
4. Are you the corresponding author? Yes No Corresponding Author's Name
Helle Holst
5. Manuscript Title
Manglende evidens bag kvalmeforebyggende behandling af børn i kemoterapi
6. Manuscript Identifying Number (if you know it)
UFL-07-17-0534

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Dr. Schmiegelow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik

2. Surname (Last Name)

Schrøder

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helle Holst

5. Manuscript Title

Manglende evidens bag kvalmeforebyggende behandling af børn i kemoterapi

6. Manuscript Identifying Number (if you know it)

UFL-11-17-0851

Section 2. The Work Under Consideration for Publication

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Dr. Schröder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ruta

2. Surname (Last Name)

Tuckuviene

3. Date

06-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helle Holst

5. Manuscript Title

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